

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Patricia Louder, L.P.N.

Petition No. 921026-11-027

CONSENT ORDER

WHEREAS, Patricia Louder, L.P.N. of Bridgeport, Connecticut, hereinafter the respondent, has been issued license number 023556 to practice as a licensed practical nurse by the Department of Health Services pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and

WHEREAS, the Respondent hereby admits and acknowledges that:

1. From 1988 to the present the respondent has worked as a licensed practical nurse at New Milford Hospital, initially as a nurse aide and, after June 1990, as a licensed practical nurse.
2. From May of 1992 through September 1992 she diverted Demerol from hospital stock by falsifying controlled substance records.
3. The conduct described above fails to conform to the accepted standards of the nursing profession in violation of §20-99(b) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, the Respondent hereby stipulates and agrees to the following:

1. She waives the right to a hearing on the merits of this matter.
2. Her license No. 023556 to practice as a licensed practical nurse in the State of Connecticut is on probation for a period of three (3) years, commencing upon the effective date of this Consent Order.

3. Her probation is subject to the following conditions:

- A. 1.) She shall not obtain for personal use and/or use alcohol or any drug that has not been prescribed for her for a legitimate medical purpose by a licensed health care practitioner.
- 2.) She shall provide a copy of this Consent Order to her therapist.
- 3.) She shall engage in counseling with a licensed or certified therapist at her own expense for the entire period of probation.
- 4.) She shall be responsible for the provision of monthly reports from her therapist during the first two (2) years of her probation and bi-monthly reports for the third year of her probation. Monthly reports are due on the first business day of every month; ^{commencing on 5-1-95} bi-monthly reports are due on the first business day of every other month commencing with the report due May 1, 1995.
- 5.) She shall participate in naltrexone therapy during the period of her probation. Such therapy may be discontinued on the recommendation of her therapist with notification by said therapist to the Board of Examiners for Nursing.
- 6.) She shall be responsible for providing random urine and/or blood screens for drugs and alcohol, including but not limited to Demerol and for therapeutic levels of Naltrexone, at the discretion of her therapist. However, reports from her therapist verifying observed

Naltrexone administration maybe substituted for Naltrexone screens. In the event that Naltrexone therapy is discontinued pursuant to paragraph 3.A.5. above, then screens for Naltrexone will no longer be required. There must be at least one such drug/alcohol screen monthly during the first two (2) years of her probation and bi-monthly for the third year of her probation. Said screens shall be negative for drugs and alcohol. Said screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening. She shall be responsible for notifying the laboratory and her therapist of any drug(s) she is taking.

- B. 1.) She shall provide a copy of this Consent Order to her employer.
- 2.) She shall not accept employment as a nurse for a personnel provider, visiting nurse association or home health agency for the period of her probation.
- 3.) She shall be responsible for the provision of monthly reports from her nursing supervisor, i.e. Director of Nursing during the first two years of her probation and bi-monthly thereafter. Monthly reports are due on the first business day of every month; ^{commencing on June 1, 1995} bi-monthly reports are due on the first business day of every other month commencing with the report due May 1, 1995.

- 4.) Said reports cited in 3.B.3 above shall include documentation of her ability to practice nursing safely and competently.
- C. 1.) She shall attend the meetings of a 12 step organization such as Alcoholics Anonymous, Narcotics Anonymous or Nurses for Nurses, or other group for recovering professionals. Such participation shall be documented in her therapist's reports.
- D. 1.) Said reports cited in Paragraphs 3.A.4. and 3.B.3. above shall include documentation of dates of treatment, her participation in a 12 Step program referenced in paragraph 3.C.1. above, an evaluation of her progress and drug and alcohol free status, and copies of all laboratory reports.
4. The Connecticut Board of Examiners for Nursing must be informed in writing prior to any change of employment.
5. The Connecticut Board of Examiners for Nursing must be informed in writing prior to any change of address.
6. All correspondence and reports are to be addressed to:

Office of the Board of Examiners for Nursing
Department of Health Services
150 Washington Street
Hartford, CT 06106
7. Any deviation from the term(s) of probation without prior written approval by the Connecticut Board of Examiners for Nursing shall constitute a violation of probation. A violation of any term(s) of probation specified in paragraphs 3., 4., or 5. above shall result in the right of the Connecticut Board of Examiners for Nursing to

immediately revoke or take other disciplinary action as cited in Connecticut General Statutes §19a-17 against her nursing license. Any extension of time or grace period for reporting granted by the Connecticut Board of Examiners for Nursing shall not constitute a waiver or preclude the Board's right to take action at a later time. The Connecticut Board of Examiners for Nursing shall not be required to grant future extensions of time or grace periods. Notice of revocation or other disciplinary action shall be sent to her address of record (most current address reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance of the Department of Health Services or the Connecticut Board of Examiners for Nursing). Her license may be suspended from the date the notification of the alleged violation of probation is mailed until the decision of the Connecticut Board of Examiners for Nursing on the violation of probation is issued.

8. This Consent Order is effective the first day of the month immediately following the date said Consent Order is ordered and accepted by the Connecticut Board of Examiners for Nursing.
9. She understands this Consent Order is a matter of public record.
10. She understands this Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing (1) in which her compliance with this same order is at issue, or (2) in which her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.

11. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive her of any other rights that she may have under the laws of the State of Connecticut or of the United States.
12. She permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance, Department of Health Services to present this Consent Order and the basis for said Consent Order to the Connecticut Board of Examiners for Nursing. She understands that the Connecticut Board of Examiners for Nursing has complete and final discretion as to whether an executed Consent Order is approved or granted.
13. She understands she has the right to consult with an attorney prior to signing this document.

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I, Patricia Louder, have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Patricia Louder
Patricia Louder

Subscribed and sworn to before me this 12th day of April 1993.

Keith J. Scala
Notary Public or person authorized
by law to administer an oath or
affirmation
KEITH J. SCALA
Notary Public
My Commission Expires 2-28-96
Bridgeport, CT

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 12th day of April 1993, it is hereby accepted.

Stanley K. Peck
Stanley K. Peck, Director
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 15th day of April 1993, it is hereby ordered and accepted.

BY: Janice Thibodeau
Connecticut Board of Examiners for Nursing

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